SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S72884** **(7)**

1. Corporation Name
ADMINISTRATIVE SUPPORT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
3810 NW 25 STREET LAUDERDALE LAKES FL 33311-2628	3810 NW 25 STREET LAUDERDALE LAKES FL 33311-2628

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/13/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 2629 N. 5th Rd 7
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23: Lauderhill FL
City & State 28:
Zip 24: 33313
Country 25: USA
Zip 29:
Country 30:

4. FEI Number: 65-0346007 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MOHL, RONALD L, SR.
~~7697 WEST SAMPLE ROAD~~ 7431 NW 10 ct
~~CORAL SPRINGS FL 33065~~ PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when transmitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	DAVIS, JOHN	12 NAME		
STREET ADDRESS	3810 N.W. 25TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	LAUDERDALE LAKES FL	14 CITY-ST-ZIP		
TITLE		21 TITLE	V, S, D	☐ Change ☒ Addition
NAME		22 NAME	DAVIS, MARILYN	
STREET ADDRESS		23 STREET ADDRESS	3810 NW 25 st	
CITY-ST-ZIP		24 CITY-ST-ZIP	Lauderdale Lakes, FL 33311	
TITLE		31 TITLE	D	☐ Change ☒ Addition
NAME		32 NAME	DAVIS, KELLY	
STREET ADDRESS		33 STREET ADDRESS	3810 NW 25 st	
CITY-ST-ZIP		34 CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marilyn Davis Marilyn Davis 7/24/95 305-731-9030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0147033 FP